

## **Health and Wellbeing Board**

### **Minutes of the meeting held on 31 August 2016**

#### **Present**

Councillor Richard Leese, Leader of the Council (Chair)  
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)  
Councillor Sheila Newman, Executive Member for Children (MCC)  
Dr Mike Eeckelaers, Chair, Central Manchester Clinical Commissioning Group  
Michael Greenwood, Chair, North Manchester Clinical Commissioning Group  
Steve Mycio, Chair, Central Manchester Foundation Trust  
Barry Clare, Chair, University Hospital South Manchester  
Jim Potter, Chair, Penine Acute Hospital Trust  
John Harrop, attending for John Scampion, Chair, Manchester Mental Health and Social Care Trust  
Mike Wild, Voluntary and Community Sector representative  
Dr Claire Singleton, Primary Care Representative - Local Medical Committee  
Hazel Summers, Strategic Director of Adult Social Services

#### **Apologies**

Councillor Paul Andrews, Executive Member for Adults (MCC)  
Dr Philip Burns, Chair, South Manchester Clinical Commissioning Group  
Paul Marshall, Director of Children's Services  
David Regan, Director of Public Health  
John Scampion, Chair, Manchester Mental Health and Social Care Trust  
Vicky Szulist, Chair, Manchester Healthwatch

#### **HWB/16/32 Minutes**

#### **Decision**

To agree the minutes of the Health and Wellbeing Board meeting on 22 July 2016.

#### **HWB/16/33 Joint Financial Planning**

The Board considered a report of the City Treasurer, Manchester City Council and the Director of Finance, Manchester Clinical Commissioning Groups. This provided an update for the Board on the budget planning cycle for the CCGs and the Council and the financial arrangements in place for the three pillars of the Locality Plan.

The Head of Finance, North Manchester CCG introduced the report. She described the complexity of the financial planning arrangements for the next budget cycle in the context of wider reforms to health services. She explained that the 3 CCGs had a combined efficiency savings target of £19m for 2017/18. £15m of this was required with a further £4m being identified as a value for money target. Manchester City Council had estimated efficiency saving requirements of £45m. She also explained the financial budgets included in the Locality Plan which amounted to £1.1bn, how these had been allocated across the three pillars and the timescales for funding bids and implementation.

There were a number of challenges associated with the level of financial savings required across the health and social care economy so it was important that all partners worked closely together to continue to gain a better understanding of each other's cultures and processes.

The Chair informed the Board that the consultation process for Manchester City Council's budget had already started. This would inform the Council's budget setting for the next three years. Individuals or organisations could contribute to the consultation via a number of methods.

The Board noted the report and acknowledged that further updates would be brought to future meetings.

### **Decision**

To note the report.

### **HWB/16/34 Suicide Prevention Strategy**

The Board considered a report of the Director of Public Health which sought the Board's approval of the draft Suicide Prevention Strategy. The report highlighted the importance of suicide prevention and provided the strategic context, key facts about suicide in Manchester and information about the partnership approach to developing a local action plan for the city.

The Programme Manager and Senior Research Officer, Public Health Manchester introduced the report. They explained that work around suicide prevention was underpinned by strong partnerships across all stakeholders. There had been substantial involvement of the voluntary and community sector groups in the development of the strategy. There was a Suicide Prevention Group chaired by Councillor Midgely (Mental Health Champion) to oversee the work. Overall suicide rates in Manchester have decreased but there had been an increase in self harm over the past few years.

A member asked for more detail on the "Living Works" model and how it was applied in Manchester. The officers explained that it was developed in Canada and based on research evidence about what community level interventions work to prevent suicide and self harm. Public Health England was in the process of producing guidance for local areas but this was not available yet. The Board acknowledged the importance of continuing to monitor the implementation of the model as there was still little data about the impact of the interventions on suicide rates.

The Board discussed the links with "Our Manchester" and the Strategy. It recommended that more detail on how people affected by suicide and self harm were listened to was described more explicitly in the Strategy.

A member asked about the work with schools and voluntary organisations to raise awareness of self harm and suicide prevention among young people. Officers explained that organisations such as 42<sup>nd</sup> Street were involved in the development of the Strategy. Work was being done with schools but further work was planned in the

future. The Board also acknowledged that the Manchester Safeguarding Children Board was also reviewing raising awareness of self harm among young people. Publicity around suicide prevention and self harm could also be linked with other events such as International Mens Day in November.

The Board recognised the importance of engaging primary care in raising awareness of self harm. While GPs would be familiar with the symptoms of those at risk of self harm or suicide and would have to provide evidence in referrals to mental health services, there was still a need for training for frontline staff, walk in centre staff and GPs. This was recognised in the plan. In response to a query, officers explained that a detailed monitoring and evaluation plan would be produced which would set out how the key targets and aims set out in the Strategy would be measured.

The Board discussed the links to the provision of mental health services as these were currently undergoing a substantial review. The Acting Chief Executive, The Manchester Mental Health and Social Care Trust explained that Greater Manchester West had been selected as the preferred provider of mental health services. This was currently undergoing due diligence and the business case for the NHS Improvement board would be completed by the end of October. The Board agreed to receive a detailed report on the organisational changes to mental health services and how this would affect the provision of services across Manchester at its next meeting.

### **Decision**

1. To endorse the Suicide Prevention Local Action Plan for Manchester.
2. To agree to receive a detailed report on the organisational changes to mental health services and how this would affect the provision of services across Manchester at its next meeting.

### **HWB/16/35 Pennine Acute Hospital Trust and North Manchester General Hospital Site**

The Board considered a report of the Chief Operating Officer, North Manchester Clinical Commissioning Group and the Medical Director, Pennine Acute NHS Trust. The report outlined the key problems highlighted in the Care Quality Commission (CQC) inspection of Pennine Acute NHS Trust (PAHT). In particular, it focused on the results of the inspection of the North Manchester site which are the services residents of north Manchester use.

The Chief Operating Officer, North Manchester CCG explained that the inspection report identified a number of issues at the Trust such as poor leadership, visibility of managers, focus on finances and targets rather than the quality of services and staffing levels in some ward areas paediatrics and urgent care. A number of positive areas were identified such as the end of life care and community services. Since the inspection, a number of urgent actions were identified such as the closure of paediatrics beds.

The Medical Director, Pennine Acute Hospital Trust explained that the Care Quality Commission report posed a number of recommendations that the Trust will need to address over the next few years. He explained that 104 nurses, 14 doctors and 69

healthcare support workers had been recruited to bring staff up to safe levels. A further 90 qualified nurses were expected to start in October. The detailed action plan for improvement put together with the support of Salford Royal Hospital Trust, was based around six themes which were:

- Stabilisation of fragile services (including urgent and emergency care, maternity services, paediatrics and critical care at Oldham hospital)
- Developing a consistent approach to management of risk Governance systems
- Improving quality and safety
- Workforce management
- Leadership

The Board discussed the outcomes from the CQC inspection. It recognised that measures needed to be taken straight away to prevent a crisis in care. Board members highlighted the importance of strong leadership in addressing the concerns raised. While there were a number of areas that needed to be addressed, the Board recognised the positive aspects of the CQC report. A member referred to the community services based at North Manchester which had been flagged as an exemplar of excellent service and would be used as a model of good practice for the care of frail and elderly patients.

A member asked about the involvement of patients in the change programme. The Board discussed the benefits of using the staff as an asset in driving the changes that needed to be implemented. The Chair of Pennine Acute Trust Board explained that staff and patient engagement was central to the improvement plan. The Trust had ambitions to become one of the top 20% of health providers in the UK by 2019. This would not be achievable without staff and patients engagement.

A member sought clarification on where children had been treated following the closure of paediatric beds in Pennine Acute Hospital Trust. Officers reassured the Board that children would have been transferred to other areas in Greater Manchester where possible. While this was not ideal, it ensured that they were treated safely. The Medical Director explained that new clinical pathways had been implemented. Children would be assessed and observed when they were admitted to hospital to see if they required an inpatient bed. Where short term inpatient care was required, children would be transferred to the observation unit and then supported care in the community. Additionally, new leadership and governance arrangements in paediatric care had been implemented.

The Board recognised that there was a need to clearly distinguish the work to stabilize the services at Pennine Acute Hospital Trust from the transformation of services work in Manchester. While the single hospital service did provide some opportunities to improve services, the Board agreed that it should not be seen as an answer to all of the problems facing the Trust. The Board recognised that substantial work had been carried out to improve the services across the Trust and they recognised the value of the support provided by Salford Royal Hospital Trust and other provider.

## **Decision**

1. To welcome the actions that have been taken to stabilise services across Pennine Acute Hospital Trust, in particular in North Manchester.
2. To thank Salford Royal Hospital Trust, Central Manchester Foundation Trust and other providers identified in the report for their support to address the recommendations of the CQC report.

### **HWB/16/36 Locality Plan for Health and Social Care**

The Board considered a report of the Joint Director of Health and Social Care which provided an update on progress towards implementing the Locality Plan. It also provided an update on the work that is progressing in determining investment requirements to enable transition to new arrangements.

The Joint Director summarised the report and updated the Board with the latest progress on the three pillars. In terms of the single hospital service, the Programme Board was currently in the process of reviewing the governance arrangements to ensure the three trusts were consistent. It was also expected that the contract for the legal advisors to start on the technical aspects of the service would be awarded imminently. The biggest challenges were around the Locality Care Organisation and work was underway on the scope of services and the governance arrangements of the organisation.

An options appraisal for how the single commissioning function was being delivered was also being carried out. Overall, substantial progress has been made to implement the integrated care model. It was a challenging timescale for delivery but the specific details of the transformation of services would come together over the next few months. This would be reported in detail at the next meeting of the board.

The Board recognised the scale and challenging timescale of the work that was being undertaken. The Board welcomed the involvement of all partners in the work. Members expressed the importance of the Board supporting the bold approach to service transformation and changing the way health services were provided. The Board noted that a more detailed report would be brought to the November meeting.

### **Decision**

1. To note the update and progress on each of the 3 pillars.
2. To note the developing work on the investment proposition for Greater Manchester Transformation Fund for submission in September.

### **HWB/16/37 Pharmaceutical Needs Assessment**

The Board considered a report of the Director of Public Health and Public Health Consultant on the Pharmaceutical Needs Assessment. The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB). The

regulations require the Board to consult on the content of the PNA for a minimum of 60 days.

The PNA steering group has been leading the development of the next PNA for 2017-2020 on behalf of the HWB, and the Executive Summary and content of the draft PNA for Manchester was attached to the report. The report proposed that Manchester's consultation would run between Monday 5 September 2016 and Friday 4 November 2016. The PNA will be brought back to the Board for approval.

The Board discussed whether the consultation took account of the Locality Plan aim of promoting self care among residents and encouraging them to go to a pharmacy as the first port of call. This may affect where pharmacies are needed. Officers explained that the Steering Group managing the process had taken account of this. They also advised that the document was not fixed and any changes could be added at a later date. In response to a query, officers confirmed that pharmacy colleagues were engaged in the process of developing the locality plan.

A member referred to the conclusions section of the document, and pointed out that it should be made clearer in the document that the conclusions were subject to change pending the results of the consultation. Officers agreed, and said that these were the conclusions that were drawn so far and this was set out in the consultation. The Board asked for this to be included in the Executive Summary.

The Board acknowledged that the devolution agreement for health and social care may have a substantial effect on the pharmacy needs assessment. Officers advised that if major changes were required as a result of this, the Board would have to repeat the consultation process. Members highlighted the need for the assessment to be flexible and to clearly explain that Manchester was undergoing a change process and the assessment would have to adapt accordingly. Specific risks highlighted included changes in government funding for pharmacies and the assessment being used to object to new pharmacies being opened. Officers explained that this was included in the consultation document but the information was concise as the changes were not yet known. The document could be amended through supplementary statements if necessary.

The Board noted that the PNA consultation was a statutory process that was required. However, members questioned whether the process was appropriate for the aims Manchester was trying to achieve in the Locality Plan. The Board asked officers to review whether there was freedom within the regulations to vary the process to ensure that it was appropriate. If it wasn't, the Council should consider making representations to the Department for Health about changing to a more flexible process in the future.

## **Decision**

1. To agree to the consultation starting on 5 September 2016.
2. To receive the final version of the Pharmaceutical Needs Assessment in March 2017.

3. To ask officers to include a statement about the conclusions being subject to review pending the outcome of the consultation in the Executive Summary.
4. To ask officers to explore making representations to the Department for Health about changing to a more flexible PNA consultation process in the future.

### **HWB/16/38 Joint Strategic Needs Assessment: Adults and Older People**

The Board considered a report of the Strategic Director, Adult Social Services and the Director of Public Health which sought the Board's approval of the updated Joint Strategic Needs Assessment (JSNA) for Adults and Older People.

The JSNA is one of the statutory responsibilities of the Health and Wellbeing Board. An updated JSNA for Children and Young People was delivered last year. Work is now underway to update the sections of the JSNA website which focus on adults and older people. A robust JSNA for all stages of life is an important factor in the creation of the single commissioning function, as set out in the Locality Plan.

### **Decision**

1. To agree to the proposed core content for the updated JSNA for Adults and Older People referenced in section 5 of the report.
2. To agree that staff from all of the Health and Wellbeing Board member organisations will contribute to the work as outlined in section 6 of the report.
3. To agree to receive a report once the first phase of the Adults' and Older People's JSNA refresh is complete in January 2017.
4. To agree that the JSNA should be overseen by the Joint Commissioning Executive.